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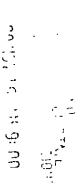
(Requestor's Name)
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COVER LETTER

	Registration Se Division of Cor			
CHOIC		roperties 2, LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	
The enclo	seed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ondence concerning this matter	·	
		Steven Lawhon		
			Name of Person	
			Firm/Company	
		2120 Eastwood Drive		
			Address	
		Merritt Island, FL 32952		
			City/State and Zip Code	<u>.</u>
		stevenlawhon@aol.com		P3 (20)
		E-mail address: (to be used for future annual rep	port notification)
For furthe	er information c	oncerning this matter, please c	all:	port notification)
Steven La	awhon		321 4325 ^c	921
	Name o	f Person		Daytime Telephone Number
Enclosed	is a check for th	ne following amount:		'
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	cd) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Add	
	Registration S Division of C			on Section of Corporations
Division of Corporations P.O. Box 6327			re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Floridian Properties 2, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 10/29/2020	and assigned
lorida document number L20000344204		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	sility company horo	
. If amending name, enter the new name of the united hat	mity company nere.	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20
THE PARTIES WOST IN A TREET ADDRESS		20 NO.
		, m
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		َ عِي
		3, -
. If amending the registered agent and/or registered office	address on our records, enter th	e name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Steven Lawhon	2120 Eastwood Drive	≅Add
		Merritt Island, FL 32952	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	November 11	2020	
Signature of a member or authorized representative of a member	\mathcal{A}		
Signature of a member or authorized representative of a member	Linda Sau	hon	
	`	agnature of a member or authorized representative of a member	
		Typed or printed name of signee	